

CRITERIA FOR PRIOR AUTHORIZATION

Rubraca™ (rucaparib)

PROVIDER GROUP Pharmacy**MANUAL GUIDELINES** The following drugs requires prior authorization:
Rucaparib (Rubraca™)**CRITERIA FOR APPROVAL** (Must meet the following criteria):

- Patient must have a diagnosis of advanced ovarian cancer
- Patient must have a deleterious *BRCA* mutation (germline and/or somatic)
- Patient must have been treated with two or more chemotherapies
- Must be used as monotherapy
- Patient must be 18 years of age or older
- Patient must not be pregnant or breastfeeding

LENGTH OF APPROVAL 12 months

*Information on the FDA-approved test for the detection of a tumor BRCA mutation in patients with ovarian cancer is available at: <http://www.fda.gov/CompanionDiagnostics>.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE